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ABSTRACT

The purpose of this chapter is to provide counselors with a road map that will help in the assessment phase of the family counseling process. Understanding the influence of the family system is extremely helpful when working with individual clients (especially children and adolescents). The presenting problem or concern may not be directly related to the family, but the family may unknowingly be encouraging the problem in some direct or indirect way. Without knowledge and understanding of family influences on the presenting problem, counselor's influence and the client's efforts to change often are fruitless. (Contains 34 references.) (GCP)

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Assessing Family Issues Related to the Presenting Problem

by

Dennis Pelsma

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Chapter Five

Assessing Family Issues Related to the Presenting Problem

Dennis Pelsma

My youngest son, who is 15 and a half, began driving this summer. Sitting with him as he practices all the things he's learned in driver's education class reminds me of the similarities between learning to drive a car and learning to counsel clients. You can memorize the rules, techniques, and etiquette with a textbook and a good instructor, but actual driving practice is the only way to master the required skills. That's why I wasn't surprised when he came home after the first day of class saying that he drove for the first time that day. The feel of the steering wheel and the response of the car to it can't be simulated in the classroom.

Like young drivers, counselors learn to work with clients by reading about theories, experimenting with techniques in pre-practicums, practicums, and internships; and receiving support and feedback through supervised experiences both during and after their coursework. Learning to work with individual clients is like driving on a summer day in a quiet subdivision. The rules are, "Stay on the road and don't hit anything!" In contrast, counseling families is more like driving in a busy downtown area. The rules are, "Stay on the

road, don't hit anything, be careful not to go the wrong way, stop before the crosswalk, avoid the truck, put on your turn signal. . . ." Your goal is not only to avoid hitting anything, but also to watch 50 things at once. While I sit in the passenger side of the car (holding my breath and crossing my fingers), I watch as my son makes a turn, adjusts his speed, and reacts to the changes around him. He is learning to master the road and become a safe driver for many years to come. Working with families is similar. It's like embarking on a car trip with a potential for multiple endings, including the hoped-for outcome that all make it home in one piece. Just as a driver needs directions to his or her destination, you, as the counselor, require an accurate map to understand the family and guide you in navigating through some of the potential problems. I know that the map is not the territory, only a representation of the ground to be covered. Yet without one, you can quickly become lost, overwhelmed, and ineffective.

The purpose of this chapter is to provide you with a road map that will help you in the assessment phase of the family counseling process. Understanding the influence of the family system is extremely helpful when working with individual clients (especially children and adolescents). Even experienced drivers can benefit from knowledge of construction problems on the roadway that may alter or influence their route. The presenting problem or concern may not be directly related to the family, but the family may unknowingly be encouraging the problem in some direct or indirect way. Without knowledge and understanding of family influences on the presenting problem, your influence and the client's efforts to change often are fruitless.

Functions of Assessment

Family assessment serves several important purposes for you and your clients. For you, assessment is an opportunity (1) to collect data about the family firsthand; (2) to determine if you and the setting are appropriate matches with the family; (3) to determine levels of satisfaction, quality, or adjustment in relationships and to pinpoint specific problems; (4) to make decisions about possible referral for

other types of treatment; (5) to evaluate the ongoing counseling process at various points throughout counseling; and (6) to determine if and when further counseling is needed (Sporakowski, 1995). Assessment may also serve as an intervention. As you ask specific questions or involve the family in some task or activity, you are overtly or covertly identifying specific issues or areas of importance. For instance, through asking a couple, "What was it like to grow up in your family?" you may learn some important information about the respondent. At the same time, in answering the question, the respondent identifies specific pictures, thoughts, and emotions from the past that may be useful in gaining insight about the present. The question likewise reinforces the idea that their families of origin (i.e., the families they grew up in) have an important influence on the couple today. Understanding and appreciating this significance allows the couple to come to terms with the families' influence. A second example of assessment as an intervention involves the use of a genogram, which will be described later (McGoldrick, Gerson, & Shellenberger, 1999). A genogram provides a way not only to gather important intergenerational information, but also to create a visual graph, or picture, of the family. Having this picture on paper and out in the open is often very enlightening. As one client stated after completing a genogram, "Now I see how far we've come. . . . I feel good about surviving as long as we have." This insight reinforces the concept that assessment, as a process, *is* an intervention. With this in mind, be cautious when asking questions, as each question serves as a new experience that tends to stimulate other components of the individual system, which in turn may affect the family system.

In assessing the family, it is important to consider both the individual and the family as systems. Each system contains certain variables and characteristics that help to maintain the status quo (homeostasis) and allow for alterations and changes (homeogenesis) so the system can survive and grow. Using Lazarus' BASIC ID model described in chapter 3, these variables can be identified and connected in a way that makes sense logically, if not empirically. This modified BASIC ID model also allows you to compare the components of the

individual as a system to similar components in the family system. The assumption is that reading one map is easier than trying to read several.

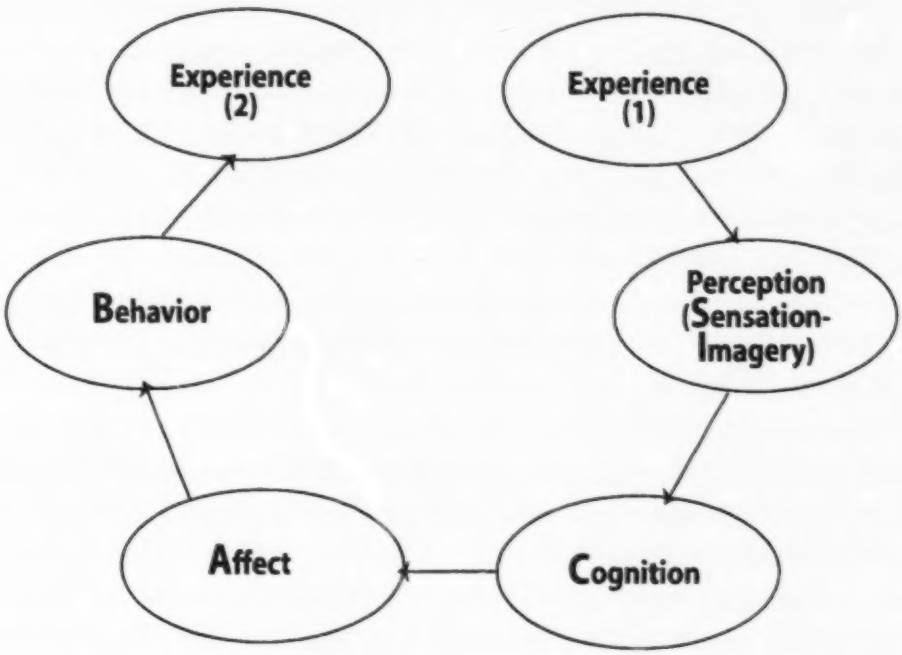
Conceptualizing the Individual as a System

Family systems theory assumes that all individuals are connected to various human systems (i.e., formal and informal groups) and that the family, as one of these groups, exerts a tremendous amount of influence over the individual's behavior, affect, perceptions, cognitions, and physical reactions. To understand how the family influences the individual, it is helpful first to conceptualize the individual as a system. Using part of Lazarus' BASIC ID model, the individual is conceptualized as a system having the connected components of Behavior, Affect, Sensation-Imagery, and Cognition.

Through these four components or modes, a client encounters new information (sensation) and creates mental pictures (imagery) of this information. The individual cognitively processes these perceptions (sensations-images) through self-talk or automatic thinking, which in turn stimulates an emotional reaction (affect). On feeling emotion, the client may (or may not) act or behave in some way to express this reaction (see Figure 1). Various theories of counseling and change involve influencing one or more of the modes or components: the cognitive mode (Ellis, REBT), the affective mode (Rogers, person-centered), or several modes at the same time (Lazarus, BASIC ID). It is assumed that if change takes place in one of these modes, then this change is likely to influence the client's cycle of perceiving, thinking, feeling, and behaving, and a new experience will result. As the client grows and develops within an environment (e.g., the family), each new experience serves to begin or stimulate this cycle. For a child, experience 1 (a gentle touch or soft words from Mother) encourages the perception of self in a safe world flowing from memories of previous similar, positive images. Cognitions of "this is pleasing/I am pleased" follow, producing the emotion of comfort or love. The reaction following such emotion frequently takes

the form of a physiological response (lowered heart rate and blood pressure), which may produce a physical display (a smile) and a corresponding action (hugging back). This reaction, experience 2, serves as a link to external systems, in this case Mother.

Figure 1. Interaction of behavior, affect, sensation-imagery, and cognition on behavior according to the Lazurus BASIC ID model.



Using as many means of assessment as possible is helpful in understanding the individual as a system; these include talking to the client directly, consulting with others about the problem and individual, using inventories and paper-and-pencil tests, and observing the client directly in the counseling setting. All the information gathered in these ways represents important pieces of the individual system. It is important to compare clients' self-reports of what they see, think, and feel with your observations of their actual behaviors. These observations often reveal a different version of the internal components of which the client may be unaware. Actions and

behaviors are windows to other components of the individual system. Although observing clients in their individual environments (e.g., home, playground, or work) is time consuming, you can often gain a more realistic sample of the client's interactions with others in this way. Even if the client is aware of your presence and tries to make a good impression, his or her behavior still provides important data that "speak louder than words."

Conceptualizing the Family as a System

Conceptualizing the family system according to Lazarus' model helps you to identify the systemic components that influence the individual and simplifies the potentially complex and overwhelming process of understanding family process and dynamics. Table 1 represents corresponding individual and family system variables based on the modified BASIC ID model.

Table 1. Corresponding Individual and Family System Variables According to the Modified BASIC ID Model

Individual	Family
Perception	Roles
Cognition	Problem solving
Affect	Boundaries
Behavior	Communication

I present each of the family system components of the modified BASIC ID model to clarify its influence on the family system. Combining these variables with the other two dimensions of a developmental differential diagnosis (i.e., developmental aspects and culture) constitutes a thorough assessment.

Level 1: Developmental Issues

Like individuals, families go through stages of growth and development. Stages are initiated by the changes that occur in families

when new members are added (e.g., a new baby is born) and present either an opportunity for the parents to adjust to a new situation or a potential crisis (e.g., first child entering school, last child leaving home for college). As is true of individual development, each stage contains specific tasks that the family must accomplish or overcome in order to cope successfully with the challenges it presents. For example, a family with a child entering high school must cope with the new friends, interests, and activities that the teenager may become involved in, as well as to the peer pressure influencing his or her choices of clothes, hairstyle, and behavior. All these changes require the family to adjust and adapt successfully in order to survive in the present and continue to grow in the future. Questions to consider with regard to stages include the following:

- What stage is the family in?
- What tasks are confronting them?
- How open is the family to change and adaptation?
- Is the family stress caused by a developmental crisis facing the family?

Level 2: Effects of Culture

It is important to appreciate how a family's culture influences their values and traditions. The effects of culture will be discussed in depth in chapter 9. In brief, here are useful questions regarding culture:

- How does the family celebrate holidays and special occasions?
- Who are the extended family members and what importance do they have?
- How has the family adapted to the dominant culture they live in while maintaining the traditions of their culture?
- Do the processes of asking for help and coming to counseling violate the family's norms or traditional expectations about keeping family secrets?

Level 3: Family System Components

As shown in Table 1, the family system components are roles, problem solving, boundaries, and communication.

Family Perception (Roles)

Roles are often assigned by those in charge, and they evolve over time. Individuals perceive their roles based on the responses they get from other members of the family. Birth-order position in the family often designates or reinforces a position or set of responsibilities that is associated with it. Research and empirical evidence have shown that specific expectations are typically attached to particular positions in the family. The eldest or firstborn child, for example, is often given responsibility for overseeing younger siblings. The youngest child typically becomes the baby of the family and receives special attention and service from other family members. An only child, especially one in a single-parent home, is often expected to be the parent's confidant. For example, a mother and teenaged daughter who are used to doing everything together may share information and adult concerns that typically would be shared between the parents in a two-parent family. In most cases, children willingly accept the role that comes with their position in the family. It becomes their opportunity for significance and a place of importance within the family unit. A family's values and expectations sometimes may lead them to groom a child for a position, and in fact the child will supplant or unseat a sibling. For example, in a family with traditional values concerning gender and child care, the eldest child (a boy) may give up his role of being responsible for the siblings to the second born (a girl), who may be expected to care for her siblings (including her brother).

In some families roles are flexible, in others they are fixed. Usually, however, the family members in control establish the roles fairly rigidly. Family members come to expect each individual to think and act in a particular way to fit the family's needs. Two

questions aid in understanding a family's role perceptions:

- Are the family members' roles healthy and balanced?
- Are the roles beneficial for each person's personal growth and development?

An example of an unhealthy role is that of scapegoat. Some families, like some groups, need to have a problem child on which to focus their attention. If one member is consistently viewed by others as the one with the problem, that individual has difficulty being successful because everyone expects him or her to fail. With regard to beneficial roles, children should be allowed to be children, not expected to act like adults or to deal with adult problems. Likewise, adults should serve as the protectors and nurturers of children, rather than expecting children to provide these needs for the family.

Family Cognition (Problem Solving)

Problem solving encompasses family members' abilities to make decisions, solve problems, and resolve conflicts. Each family possesses problem-solving capabilities that allow it to work through the problems it encounters. The following questions aid in assessing family problem solving. Hierarchy, control, and the need for order and task accomplishment are all elements to consider in answering these questions.

- How task oriented are the group members?
- Are the members of the system willing and able to compromise and negotiate?
- Who makes the rules and are they negotiable?
- Can rules change over time?
- How organized and efficient is the group?
- Who makes decisions for the group and individual members?
- Who has power and how is that power used?
- How adaptable to change is the group?

Family Affect (Boundaries)

Boundaries involve emotional attachment and the family's ability to

keep the system intact and together. They represent the invisible ropes or ties that bind the family together. Without these emotional attachments, a family has lost an important ingredient for survival and growth. It is important that individuals in the group feel they are connected yet at the same time free to display their uniqueness and individuality. Overly close emotional attachment may become enmeshment, in which individuals actually feel for each other. For example, in a single-parent family composed of a mother and a preschool son, when the mother feels anxious or depressed about her son starting school, the child may likewise feel anxious and depressed. The child learns to incorporate these emotions into his individual system as a by-product of his attachment and sensitivity to his adult parent.

In contrast, disengagement occurs when members of the family are emotionally unavailable or removed from each other. In a healthy family, having a different physical appearance from others in the family does not mean one is deviant or wrong. Diversity is appreciated, within the limits of the group's ability to sustain a balance between change and tradition. Some of the following questions are useful in assessing boundaries:

- Who speaks for whom? (For instance, when an eight-year-old boy is asked about his friends and his mother answers for him, this is an indication of an enmeshed relationship.)
- Who owns the problem?
- Who is most invested and has the most to win or lose?
- Do family members enjoy friends and activities outside the family?
- Are individuals allowed to make and carry out decisions without constant "coaching" or criticism from others?
- When young adults leave home for the first time, are they allowed to make choices freely for themselves, or are they still tied to the family?

Family Communication (Behavior)

Communication provides the direct link between the person and the

family system. As in individual counseling, communication behavior gives you insight into all the other components. All behaviors represent a form of communication and all communication, a form of behavior. When observing a family, it is important to look for specific patterns or typical ways of responding. (For example, who speaks to whom and in what way?) Rules about behavior and communication are designed to keep the family functioning, maintain family stability, and preserve the system. Sometimes these rules are written down (explicit), but they are more likely to be unwritten yet still understood (implicit). Rules for communication define who does what to whom and how interactions take place. Communication patterns and typical ways of responding are developed over time. Questions to address in the communication dimension include the following:

- Who speaks to whom and in what way?
- How often do members of the family interact and communicate?
- What is the quality of this interaction?
- Are interactions positive for family members (do they produce positive affect and behaviors)?
- Are certain individuals left out of discussions (possibly because they are considered outside the family's "inner circle")?
- How do members of the family get their needs met?
- How do the individual members seek attention and significance?
- Do family members gain attention in a direct fashion (asking for help or feedback) or indirectly (becoming ill at times to get recognition, sympathy, or support)?

A final area of consideration is the system's response to individual members' behavior and how the system components are used as a means of reward or punishment. The reinforcements and consequences for accepting and incorporating the group rules, upholding expected roles, and adhering to the rules allow those in control (usually the parents) to maintain the group and its level of functioning. Rewards are sometimes communicated in a concrete and

tangible way (e.g., rewarding good grades in school with money or withholding allowance for failing to do chores), but more often the communication is abstract (e.g., praise: "What a great job you did on fixing the dishwasher," or criticism: "You never listen to me."). At one level these messages are designed to keep the family system in check. Sometimes messages may hold an indirect meaning and be understood on another level (e.g., "I wish you'd help out more often" could mean "You don't love me anymore, and that scares me").

For counselors, learning to listen and interpret both a message's direct or obvious meaning and its indirect or implicit one represents an important talent. In order to maintain homeostasis in the system, an individual must respond to the group in a way that maintains his or her designated role, follows the communication rules, and accepts the traditional way the family solves problems or makes decisions. Teenagers' need to grow and individuate, and their basic desire for independence and to go against the rules of the system, encourages them to violate family norms and values in perception (roles), cognition (problem solving), affect (boundaries), and behavior (communication). It is often at these times that the family will identify a specific problem or symptom of these rule violations (usually the teenager's behavior) and come to the counselor for help. In many ways this is beneficial because the conflict often stimulates the family to change and adapt, in order to survive. Members of the family may view conflict and the need for change either positively or negatively, but you can seize the moment and use it as an opportunity for growth of the individual, and you hope, of the group as well.

Table 2 provides a summary of the four components and the questions to address within each one when assessing a family system.

Table 2. Questions for Assessing Family System Components

Component	Questions
Family perception (roles)	• Are the family members' roles healthy and balanced? • Are the roles beneficial for each person's personal growth and development?

Family cognition (problem solving)	• How task oriented are the group members? • Are the members of the system willing and able to compromise and negotiate? • Who makes the rules and are they negotiable? • Can rules change over time? • How organized and efficient is the group? • Who makes decisions for the group and individual members? • Who has power and how is that power used? • How adaptable to change is the group?
Family affect (boundaries)	• Who speaks for whom? • Who owns the problem? • Who is most invested and has the most to win or lose? • Do family members enjoy friends and activities outside the family? • Are individuals allowed to make and carry out decisions without constant "coaching" or criticism from others? • When young adults leave home for the first time, are they allowed to make choices freely for themselves, or are they still tied to the family?
Family communication (behavior)	• Who speaks to whom and in what way? • How often do members of the family interact and communicate? • What is the quality of this interaction? • Are interactions positive for family members? • Are certain individuals left out of the discussions? • How do members of the family get their needs met?

- How do the individual members seek attention and significance?
- Do family members gain attention in a direct or indirect fashion?

Types of Family Assessments

Several comprehensive references describe the various assessment techniques available to counselors who are working with couples and families (see, e.g., L'Abate & Bagarozzi, 1993; Touliatos, Perlmuter, & Straus, 1990). As with individual assessment, techniques are varied and may be of either a formal (e.g., paper-and-pencil inventories) or an informal nature. It may be a good idea to include one assessment of each type (i.e., formal and informal) in the assessment process.

Formal means of assessment include measures of personality and interaction styles (e.g., Briggs & Myers, 1977); levels of marital satisfaction (e.g., Snyder, 1979; Spanier, 1976), family adaptation (e.g., Moos & Moos, 1981; Olson, Porter, & Bell, 1982); stress and coping (e.g., Lazarus & Folkman, 1984; McCubbin & Thompson, 1987), parenting and family skills (e.g., Abidin, 1990; Nash, 1984), sexual functioning (e.g., Derogatis & Melisaratos, 1979; LoPiccolo & Steger, 1974), marital communication (e.g., Bienvenu, 1970), and adjustment to divorce (e.g., Ferreiro, Warren, & Konanc, 1986; Fisher, 1981). Comparing the information gained via informal methods with the scores achieved on specific scales often requires specific training or experience. University counseling programs offering a specialty in couples and family work, as well as various family therapy training centers around the country, often provide courses, workshops, and supervision in the area of assessment. Counseling professionals enrolling in these educational opportunities often can earn graduate credit, continuing education credit, or advanced certification. Many learning experiences are also available through distance education and online instruction.

Informal assessment involves engaging the couple or family in some type of structured interview or activity, such as observation of live or taped situations where the couple or family performs some simulated task (Olson & Straus, 1972), naturalistic observation of the family in their home (Steinglass, 1979), or watching the family in game-playing situations (Ravich, 1969). Graphic representations of the family, such as genograms (McGoldrick, Gerson, & Shellenberger, 1999), photographs (Kaslow & Friedman, 1977), or family drawings (Burns & Kaufman, 1970) represent other ways of gathering data. Likewise, traditional structured interviewing techniques may be useful (Ackerman, 1958; Masters & Johnson, 1970). Among various projective strategies is storytelling (Caruso, 1988); and methods of family sculpting and choreography involve the members of the family in some creative expression of family interaction (Satir, 1983).

Assessment Techniques

The following section will examine five basic informal family assessment techniques that are likely to be useful to most counselors, regardless of their training or experience. Assessment techniques corresponding to the dimensions of a developmental differential diagnosis are described in Table 3.

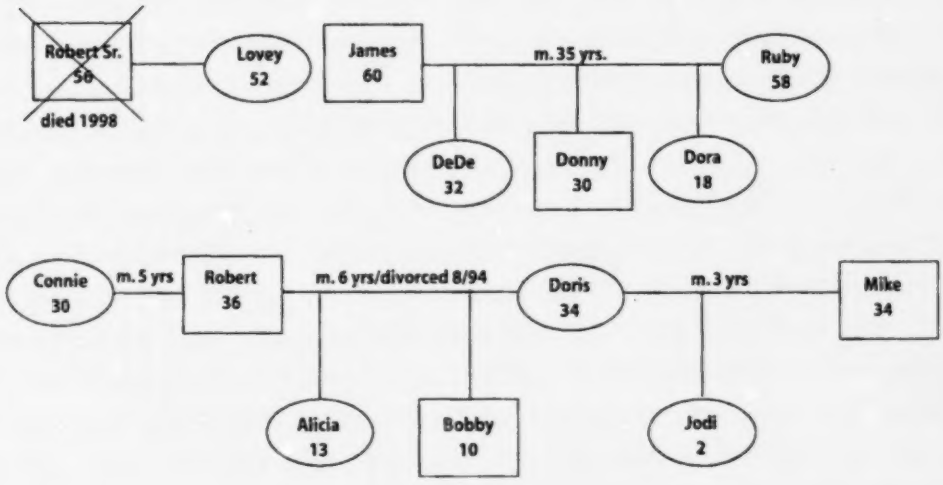
Table 3. Assessment Technique Corresponding to Each Differential Diagnosis Level

Developmental Differential Diagnosis Level	Assessment Technique
Developmental aspects (stage, age, etc.)	Genogram
Culture	Genogram
Family system components	
Roles	Typical day
Problem solving	Plan a vacation
Boundaries	Family sculpting
Communication	Draw a house

Genogram

The genogram has been widely used as a basic tool for implementing the intergenerational concept of the family systems approach and for increasing both the counselor's and family's understanding of the family system. Several family system theorists (e.g., Murray Bowen, Virginia Satir) believe strongly in the utility of drawing a graphic representation of the family. The counselor constructs a genogram similarly to a family tree, using information the family provides. As Figure 2 illustrates, a genogram displays the importance of the lines of influence from previous generations.

Figure 2. Sample genogram (7/22/02)



The family described in Figure 2 consists of Robert, 36 years of age, who was married for six years to Doris, 34, and divorced in August 1993. During their marriage the couple had two children: a girl, Alicia (13), and a boy, Bobby (10). After their divorce each remarried. Doris married Mike (34) and together they have one child, Jodi (2). Robert has been remarried for five years to Connie (30),

and they have no children together. Robert's and Doris's families of origin are also listed. Robert is an only child whose father, Robert Sr., died in 1998 after being married to Lovey (52) for 34 years. Doris is the oldest daughter of James (60) and Ruby (58) who are both living and have been married for 35 years. Doris's siblings are DeDe (32), Donny (30), and Dora (18). As is customary, circles represent females and squares represent males.

Genograms should be completed early in the relationship-building and information-gathering stages of counseling, taking care not to overwhelm the client or clients with too many questions. In this process you would elicit the names or nicknames, ages, and birth dates of members of the immediate family, the lengths of all marriages, occupations and education level, health information (e.g., alcoholism), and descriptors for family members (e.g., having each family member think of one word that describes a particular person). Pay particular attention to such dynamic events as births, moves, job changes, family separations, health habits (drinking, overeating, gambling), and environmental stressors.

A genogram also provides information useful in the assessment of the family. For example, given information on the birth order and position of members in the family constellation, you can begin developing hypotheses regarding developmental aspects, the effects of culture on the family, and family system components. Based on the birth order and position of the children in the family, you may predict the roles that individuals are likely to have assumed (e.g., the eldest may be the most responsible and the youngest consistently the baby). The genogram also provides opportunities to identify some boundary issues and possible triangulation. (As the couple discusses an issue or concern, such as a child's negative behavior, it is common that they will form a triangle, or triangulate, on this child with roles typical of the traditional Karpman's triangle—Dad is the persecutor; the child, the victim; and Mom, the rescuer.) Family members devote attention and emotional energy to this triangle, in order to preserve the status quo and protect the system from disintegrating. Specifically, arguing about the child's behavior takes the focus off potential conflicts between Mom and Dad. If you identify such a pattern, you

may draw lines to represent the connection of these three family members. Seeing this rather abstract phenomenon on paper helps family members to understand some of their past and present behavior.

The family benefits not only from the opportunity to see intergenerational influences, but also from gaining an appreciation for their history. Family cultural traditions also become evident as you ask the family about how they spend holidays, the traditions they celebrate, and other regular events that mark their lives. Values become apparent as you ask the family to describe priorities and important historical features.

After initiating the genogram, assign the family the task of completing it with other significant names and events, going back at least two generations from the immediate family. Completing this assignment often requires them to contact certain individuals in the family who have that information and ask for their help.

Draw a House

In this activity, the family is asked to draw a house for themselves (see, e.g., Ogden & Zevin, 1976). Provide large sheets of paper and markers or crayons and give the family a time limit (e.g., 10 minutes) to complete the drawing *without talking* or verbal exchanges. When time is up, ask each member to put himself or herself somewhere in the drawing (if that has not already been done). Observing the family in action provides a rich source of information, as you watch how the family communicates nonverbally, negotiates, and generally interacts during an active project. The picture also reveals the family's image of their living space and how each individual sees himself or herself in relation to that living space. During the draw a house exercise, reflect on the following questions:

- How does the family share the drawing space and the materials, including the crayons and markers?
- Does each member draw a separate house, or do they cooperate to make one large house?
- Which family member does which part of the drawing? Does Mom or Dad "provide" shelter for the family by drawing

the roof and outline of the house?

- Who participates and follows the rules?
- How does each individual negotiate to get his or her needs met?
- How does the family accommodate the "no talking" rule? How do they communicate nonverbally (e.g., glances, facial expressions, shrugs, etc.)?

Family Sculpting

Family work is often lacking in opportunities for creativity and expression, especially when the family sits passively discussing an issue in your office. Many children and adults alike enjoy getting up and moving around to express themselves. One method for engaging the family in such movement is family sculpting, a method children and adolescents are often very amenable to. In this activity, family members depict one another using the actual person, objects (chairs), or characters (puppets or dolls). The sculptor is asked to position other family members in positions that suggest distance versus closeness or activities normally undertaken (e.g., making dinner, cutting the grass). At the end of the sculpting experience, ask specific members assessment questions such as the following:

- What is it like to be in the position where you were placed?
- How does it feel to be so far away from the others?

After the debriefing, you might ask the sculptor to create the ideal family, portraying how the sculptor would like things to be. This portion of the activity is an opportunity for you to begin formulating potential goals for counseling. Family sculpting can provide important information about an individual's relationships with other members of the family and about boundaries inherent in the particular family system.

Describe a Typical Day

This interviewing technique elicits the daily activities of the family.

Ask the family to give a detailed description of a typical day, starting from the time they awake. (For example, who gets whom up in the morning? Who makes dinner? What activities are done together and apart?) As the typical day unfolds, you can ask questions relevant to the components and dimensions being assessed. Because weekdays are typically structured by work and school commitments, asking the family to describe a typical weekend day often reveals more about the family's priorities and decision making with regard to the use of free time. The values and priorities of the family and the roles of its members often become clear from this activity.

Plan a Family Vacation

Asking the family to plan a vacation together allows you to examine the family's ability to make decisions and problem solve. Designating a certain amount of "all expenses paid" money (e.g., $1,000 or $5,000) encourages decision making and careful planning. Then ask the family to decide how they will travel, what they think they should pack, what their first activity will be when they get to the destination, and the souvenirs they want to bring back. After giving the family the parameters of the activity, take an observer's role and try to remain uninvolved as the family approaches the problem. Occasionally, members of the family will try to solicit guidance from you. Because the purpose of the activity is to have the family demonstrate as authentically as possible the methods they typically use for decision making and problem solving, your involvement will influence them and reduce the amount of useful information you and they obtain.

A hypothetical family, the Smith family, is used to illustrate how these five techniques can be used in assessing a family. The following represents information gathered during the initial telephone call and the first two sessions with the family. An interpretation of the family's situation and potential goals for treatment are provided.

Assessment of the Smith Family

Mrs. Smith called to make an appointment with a counselor in our clinic. Assessment information was gathered during the counselor's return telephone conversation with the mother, an initial session with the parents, and a follow-up session with the entire family, consisting of the parents and their three children.

Initial Telephone Conversation

When the counselor asks the mother (Susan, age 33) about her concern, she states that she is worried about her eldest son, Mark, who recently has been doing poorly in school and appears angry and depressed. When asked briefly to describe Mark and the other members of the family, Susan states that Mark is a 13-year-old seventh grader who attends the local middle school. The younger son, Mitch, age 11, is in fifth grade. The youngest child, Sara, age 5, is attending kindergarten. Dad (Carl, 39 years of age) works for a small manufacturing company and must travel a lot during the week on business. When asked why she decided to call the clinic, Susan says that "we have to do something!" and that the school counselor recommended the clinic. She says she trusts the school counselor's opinion that the family can benefit from family counseling. The counselor arranges to see Susan and Carl for an initial interview and clearly explains that he would like to have the entire family (including the children) come in to the clinic for the second session so he can better understand how to help the family.

Information and tentative hypotheses the counselor makes from the phone call are the following:
Roles. Mark, the eldest child in the family, has "lost his place" as the typical firstborn and has taken on some of the middle child characteristics of being discouraged and potentially unsuccessful.
Problem solving. Susan and Carl have "agreed" to focus on Mark's problem but each has attempted to solve it in a different way.
Boundaries. Mom is enmeshed with Mark, whereas Carl is

disengaged from the family.

Communication. Given that Susan made the initial contact with the counselor, it can be assumed that she is the person most invested in Mark's problem and how it is affecting the family. Susan appears to speak for the family and is open to seeking help from outside sources. Without more information, however, it is difficult to assess the communication area.

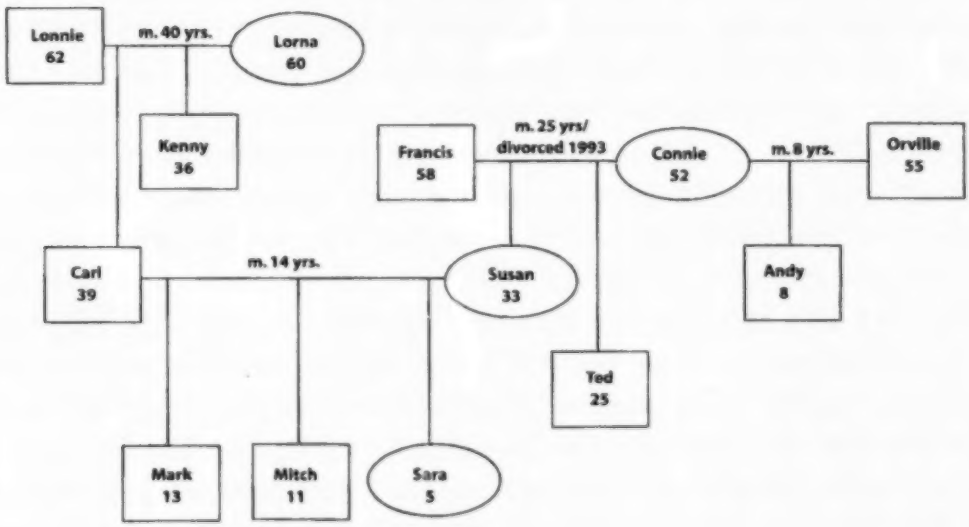
Assessment Techniques in Session 1

During the initial session with the parents, the counselor completes a genogram to assess the developmental and cultural variables of the family.

Genogram

The counselor asks Carl and Susan to take home a copy of the genogram and to work on completing it with specific ages and dates during the week (see Figure 3). This is done both for informational purposes and to involve Carl and Susan in a joint task. The couple is asked to bring the children along for the next session.

Figure 3. Smith Family Genogram (7/22/02)



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Developmental and Cultural Information and Assumptions Drawn from the Genogram

From discussing Carl and Susan's family histories while beginning the genogram with them, the counselor learns the following:

1. Carl and Susan come from families where the parents have been strongly involved in religion, have married early, and have stayed married for a long time. Both parents have been married for 25 years or more.
2. Males have traditionally worked outside the home to provide for the family. The women in the family have had the responsibility for parenting.
3. Problems have been either ignored (e.g., Carl's father's alcoholism), or the women in the family have attempted to take responsibility for the situation and the problem (e.g., Carl's mother coming to school when Carl got into a fight with another student).
4. Carl and Susan are both the eldest siblings in their respective families of origin, although Susan could be considered an only child, given the eight years difference between her and her younger brother. Eldest children in both families are successful and appear to fit the traditional role of leader and most responsible among the other siblings.

Assessment Techniques in Session 2

Carl and Susan shared what they learned about their families of origin from the completion of the genogram during the week. They were each asked to share something they had learned about their family and were asked what effects, if any, they thought their family histories may have had on their current situation and problem with Mark.

Typical Day

The counselor then asked the family to describe a typical weekday

and weekend. With the help of the children, Carl and Susan provided a fairly detailed account of how the family members spend their time.

Role Information Gained from the Typical Day Activity

From the schedule and activities the family described, the following patterns are clear:

1. Susan provides most of the parenting while Carl is absent.
2. Carl spends very little time with Mark, other than criticizing him about his grades, homework, and lack of motivation and work ethic concerning sports.
3. Susan and Carl have little time together to devote to their relationship.

Plan a Family Vacation/Family Drawing/Family Sculpting

Carl, Susan, and the children participated in planning a vacation, drawing their family, and sculpting the family. The following represents information and hypotheses derived from each activity:

Problem-Solving Information Observed During Planning a Family Vacation

1. Susan attempts to solve the problem directly, stating that the family has always wanted to go to Hawaii. This is where Susan and Carl had their honeymoon, and they say they have always wanted to take the children back for a family vacation. The children agree to this plan.
2. The family decides to fly to Hawaii, because it is efficient and allows more time for fun. Each of the children chooses a special activity. Mark and Mitch want to parasail as their first activity, and Sara wants to ride on a banana boat. Susan and Mark both agree that checking into the hotel first would probably be best after such a long trip.
3. After a discussion about which souvenirs to buy, Carl jokes that they might not have enough money to make it home

again. The children respond that staying there would be fine, because they could go to school on the island.

Boundary Information Obtained from Family Sculpting

1. Sara chooses to go first. She places Susan and Carl together, holding hands, with Sara at Susan's side. She places the boys next to Carl, one on each side. Sara's picture is of "one big, happy family."
2. Mark chooses to go next. He places Mitch and Sara next to Susan and Carl and himself separate from the family. He explains that he feels happy being away from all of the noise. This statement appears to upset Susan, who tries to reach out to him and bring him closer.
3. Susan places the children around her with Carl on the outside looking away, as if he were leaving for a trip. "That's how I see our family. The children and I together, with Carl always leaving on a trip," she comments.

Communication Information Learned from Drawing a House

1. Susan takes the lead and nonverbally directs the children to participate. Carl and Mark are reluctant at first, but each contributes to the drawing of the house. Carl adds a garage and driveway. Mark draws a satellite dish and computer in one of the bedrooms.
2. After a slow start, the younger children (Mitch and Sara) become enthused and create an elaborate backyard play area and swimming pool. Carl frowns and looks at Susan unhappily. Susan shrugs and begins drawing in flowers and bushes for the front yard.
3. Finally, each member of the family draws himself or herself in the picture. Susan puts herself in the front yard holding freshly picked flowers. Mitch and Sara both draw themselves in the swimming pool. Carl is unsure where to put himself and draws himself cutting the grass. Mark

places himself in his room, watching TV.

Conceptualizing the Family and the Individual System

Using the components from the BASIC ID model described earlier, Mark's family system and individual system can be described as follows.

Family System Components

Roles. Mitch (second born) has overtaken Mark (the eldest) and has assumed the position of most responsible. Mark is treated like the middle child, who gets squeezed out of the family resources for attention and perceived significance.
Problem solving. Susan makes most of the decisions and solves most family problems because Carl is frequently absent. Susan is very task oriented and works hard at keeping the family together (e.g., making doctor's appointments, getting the children to practice on time, etc.).
Boundaries. Carl and Susan have agreed to focus on Mark and his "problem." The couple has defined Mark as the focus of their energy and attention. Susan is enmeshed with Mark and appears to have trouble letting go and allowing him to individuate.
Communication. Susan speaks for Mark and is overly involved in his performance. Susan and Carl talk about Mark and worry about his "problem." There is a family rule that siblings are not supposed to talk about Mark's "problem" or make fun of him.

Mark's Individual System

Experience 1. Brother, Mitch, is praised for success (e.g., at soccer).
Perception. Mark pictures himself as incapable and left out of the family.
Cognition. "I'm not important. Nobody cares about me."
Emotion. Discouraged, depressed.
Behavior. Physical symptoms (headache), asks Mom to stay home.
Experience 2. Mom allows Mark to stay home (which serves to

reinforce Mark's system).

Potential Treatment Goals

From the information gathered thus far, it appears that this family is facing a developmental crisis precipitated by the growth and changes in their child, Mark. The parents, Carl and Susan, in attempting to solve Mark's problem of alienation from the family have indirectly made matters worse by triangulating on Mark's problem, with Carl being the persecutor and Susan, the rescuer. Without family counseling intervention, Mark will have a difficult time extricating himself from the role of victim. Treatment goals should focus on alleviating Mark's situation by attempting to influence one or more of the family system modalities of operating. The counselor could choose to focus on the perceived role that each member of the family has chosen to play and determine with Carl and Susan whether, in fact, each role is healthy for the person taking it on. Is there room in the family for individual differences? Can Mark be given some opportunities to demonstrate that he deserves to be treated as the eldest?

With regard to the family's problem-solving efforts, the family could explore alternatives to Susan needing to direct every situation. Instituting family meetings may provide a more democratic means of solving family problems. In terms of family affect, represented by boundaries, Carl and Susan could focus less energy and emotion on Mark's problem. They could benefit from nurturing and attending to their relationship, and from reinvesting themselves in it. Finally, Carl and Susan could learn to communicate their personal needs in a more direct fashion by taking time out each day to communicate, observing the rules of self-preservation and respect for each other.

The ID in Family Assessment

This final section discusses two very important influences in the assessment process not mentioned previously: the *I* and *D* components. In the traditional model *I* represents interpersonal

relationships (e.g., divorce, remarriage, stepparenting). *D* refers to the effects of drugs and biology on the individual. In keeping with our adaptation of this model for working with families, it is important to appreciate how these two areas influence the individual members of the family.

Family Interpersonal Relationships

Families evolve as parents separate, divorce, and remarry. With each change, individuals in the family must adjust to new family members, and in many cases a new community and new surroundings. Each time a family goes through such a change, the individual and family systems are stressed by the need to cope with new roles, different methods of problem solving, potential changes in family boundaries, and new forms and methods of communication. In most cases, changes of this type represent new beginnings and opportunities. However, with each change comes a loss of some type (e.g., the loss of Dad tucking his children into bed at bedtime). We must appreciate how each member of the family is affected by this loss within his or her individual system of perception, cognition, emotion, and behavior. The process of grieving during and after a divorce is similar to the stages of grief Kubler Ross has described for death (shock, denial, anger, depression, and acceptance). Each family member may be at a different stage at different times in the divorce process. Here are assessment questions to consider:

- How has the individual coped with loss in the past?
- How much information is it appropriate to give each individual so that he or she can understand the loss and know what to expect in the future?
- How does each family member experience the loss?
- What type of support is available for individuals and the family as they go through the necessary adjustments?
- How does divorce, remarriage, or stepparenting change or influence the presenting problem?

Assessing these concerns will improve your ability to help

families cope with the changes brought on by divorce and remarriage and the challenges of stepparenting (Fisher, 1981; Ganong & Coleman, 1999; Stahmann & Hiebert, 2000).

Drugs/Biology

Drug use and alcoholism are major factors in many families' inability to function effectively. Individuals vary greatly in their use of drugs and alcohol. Likewise, individual behavior under the influence of such chemicals may range from unpredictable anger to extreme sadness and despair. Understanding the family's involvement with drugs and alcohol can greatly enhance your effectiveness and your ability to support and encourage the family or make appropriate referrals for addiction treatment. Assessment questions to consider include the following:

- Has alcohol or drugs had an effect on the parents' capabilities to handle the responsibilities of parenting?
- Have grandparents or other relatives been asked to assume the parents' roles as caregivers because of alcohol or drug abuse?
- Has the issue of alcohol or drug use become a "hot topic" for the couple? For example, is Dad's alcoholism considered a family secret? Does Mom overcompensate with gifts for missing her children's school activities?
- How are emotions expressed in the family?
- Does alcohol or drug use limit the family's ability to make decisions and solve daily problems?
- Does a parent's (or parents') alcohol or drug use limit his or her ability to meet the emotional and physical needs of the children?

Because alcohol and drug use affects so many families adversely, it is critical to address this extremely important issue and to customize treatment to specific family problems in this area (Kaufman & Kaufmann, 1992; O'Farrell, 1993; Stanton, Todd, & Associates, 1982).

Discussion and Conclusions

The Smith family provides an example of how to use the modified BASIC ID to assess the individual and family systems. The presenting problem often turns out to be more complex than it seems on the surface. Whether you work with individuals or families, the key is to gather data and information that will help you and the clients understand the problem while engaging them in such a way that they are intrigued and interested in solving the problem. From a systems perspective, we can draw the following five basic conclusions about the assessment process with individuals and families:

1. Individuals represent a system of variables or components (perception, cognition, emotion, and behavior) that interact in certain ways to keep the individual system stable.
2. A family, likewise, represents a system of variables or components (perception, cognition, emotion, and behavior) with corresponding ways of demonstrating these variables (roles, problem solving, boundaries, and communication).
3. Behavior and communication are the keys to understanding the other variables. Informal methods of assessment, such as those presented in this chapter, allow individuals and families to demonstrate their typical behavior and communication patterns.
4. Assessment, in the form of an activity, represents a means of providing data and information to the clients and counselor. A family activity also provides an opportunity for potential changes in individual or family systems.
5. Using a model such as the modified version of the BASIC ID provides a map that enables you to read the territory and make sense out of the client and family data. As you collect this data, you begin forming hypotheses about the client or family that lead to treatment goals and specific forms of intervention.

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